

## **AFFIDAVIT TO RETRIEVE/RETURN ABSENTEE BALLOT FOR A VOTER**

*(There is a limit to two ballots per election, only one of which may be for a voter who is not the spouse, parent, child, grandparent or sibling of the designee).*

### **Written Authorization for Voter**

I \_\_\_\_\_ / \_\_\_\_\_ hereby designate  
(Voter's name-printed) (Voter's signature)

\_\_\_\_\_ to pick up/return my absentee ballot for the \_\_\_\_\_.  
(Print designee's name) (Specify for which election)

Reason as to why I am unable to pick up/return my absentee ballot: \_\_\_\_\_.

**Attention: Provide the following additional information if you (the voter) do not already have an absentee ballot request on record:**

\_\_\_\_\_  
Voter's date of birth (MM/DD/YY)

\_\_\_\_\_  
Voter's address

\_\_\_\_\_  
Day time phone #

### **Written Authorization for Designee**

(To be completed along with written request from voter)

I \_\_\_\_\_ hereby swear or affirm that \_\_\_\_\_.  
(Print the designee's name) (Print the voter's name)

has authorized me to pick-up/return an absentee ballot on his or her behalf for the \_\_\_\_\_.  
(Specify for which election)

Check applicable box:

☐ I am a member of the voter's immediate family and my relation to the voter is \_\_\_\_\_.  
(Relationship)

☐ I am not a member of the voter's immediate family but have a physician's statement as to why voter is unable to pick up/return ballot.

Designee produced the following picture identification: \_\_\_\_\_.  
(Type of identification)

***I understand that any person who perpetrates any fraud in connection with any vote to be cast violates Florida Statutes and the Code of Miami-Dade County. This can result in a felony conviction, fines, and/or imprisonment. Under penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.***

\_\_\_\_\_  
Signature of designee

\_\_\_\_\_  
Date